

Steve Troxler, Commissioner

12/31/2008

APPLICATION FOR LICENSE/CERTIFICATE (NEW)

Expiration Date

CERTIFICATION TYPE: 028 AERIAL APPLICATOR (CONTRACTOR)

MAIL TO: N.C. Department of Agriculture & CS
Structural Pest Control and Pesticides Div.
1090 Mail Service Center
Raleigh, NC 27699-1090

FORM #5

TO BE ADDED

PRINT YOUR NAME, ADDRESS AND YOUR EXAM SERIAL NUMBER IN THE SPACES BELOW.

NAME:

COMPANY NAME:

ADDRESS:

CITY:

ST:

ZIP CODE

PHONE: (Home)

PHONE (Work)

COUNTY:

EXAM SERIAL # _____

INSTRUCTIONS:

- * Since you have passed your pesticide exam, you are eligible to be licensed. You must retake any failed exams.

Application(s) should be returned to us along with a check or money order made payable to NCDA & CS to cover the license fee(s). The fee per license application is \$50.00. **PLEASE DO NOT SEND CASH.**

TOTAL AMOUNT DUE: \$50.00

Return this original application with fee to:

**NCDA & CS, STRUCTURAL PEST CONTROL AND PESTICIDES DIVISION
1090 MAIL SERVICE CENTER
RALEIGH, NC 27699-1090****SIGNATURE REQUIRED****X** _____

OFFICIAL USE ONLY